

F250

ases

ment Downloaded:

Part A: About You

- 1. What is your full name?
- 2. What is your job title?

your telephone number?

About your organisation

- 4. What is the name of your organisation?
 - 5. What is its address and post code?
 - 6. What type of work does the organisation do?
 - 7. Does the affected person usually work at this location? Yes No
- If **No**, Where do they usually work?

Part B: About the Affected person

- 1. What is their full name?
- 2. What is their home address and postcode?
- 6. What is their job title?
- 7. Status of injured party:
If Contractor/Visitor, provide name and address of employer:

3. What is their home phone?

4. How old are they?

5. Sex:

Part C: The disease you are reporting

- 1. What is the name of the disease?
- 2. What is the type of work the disease is related to?
- 3. What is the date of the statement of the doctor or other qualified person who has diagnosed or confirmed the disease?
- 4. What is the doctor's name?
- 5. What is the doctor's address?

Part D: Describing the work that caused or contributed to the disease

- 1. What kind of work was the affected person doing when they became ill or were exposed to them getting the disease?
- 2. If the disease may have been caused by exposure to a specific agent (e.g. a specific chemical), what was that agent?
- 3. Is there any other information that is relevant to the disease?

Print Name:
Signature:
Date:

and date the Report form. Please send it by post to the Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG; or by fax to 0845 300 9924; or e-mail it to: report@hse.gov.uk.
You should also contact your HSE office or nearest local authority, which enforces health and safety for your business.

S
A
M
P
L
E